

HOME ENERGY ASSISTANCE (HEA) /UNIVERSAL SERVICE FUND (USF) AND WEATHERIZATION PROGRAM APPLICATION

| | | | | | |
|--|--|----------|---------------|--|-------|
| | | | | | |
| Last Name 01 | | | First Name 02 | | MI 03 |
| Street/Ave 04 | | | Apt. # | | |
| City 05 | | State 06 | Zip Code 07 | | |
| Tel. Number : _____ - _____ - _____ 08 | | | | | |
| | | | | | |
| Mailing Address 09 | | | | | |
| Street/Ave | | | Apt. # | | |
| City | | State | Zip Code | | |
| Other Tel. # _____ - _____ - _____ | | | | | |

List all household members including applicant 10

US Citizen?

| Name | Date of Birth | Relationship | Social Security # | Yes | No |
|------|---------------|------------------|-------------------|-----|----|
| | | Applicant | | | |
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Are you applying for: ___ Heating/USF ___ Cooling ___ Weatherization 11
(If you are applying for cooling assistance benefits, you must attach a doctor's note to prove medical need)

Do you own your own home? ___ Yes ___ No 12

Do you pay for your own heat? ___ Yes ___ No

If no, check the alternative that best describes your heating arrangement:

- A. ___ My heat is paid for by others.
- B. ___ My heat is provided by a Public Housing Authority, or I receive a rent subsidy and my heat is included in my rent.
- C. ___ I pay only for a secondary source of heat (such as a wood stove, a kerosene stove, electric heater, etc.)
- D. ___ My heat is included in my rent, which is not subsidized.
- E. ___ I pay a separate charge to my landlord for heat.

Do you live in public subsidized housing? ___ Yes ___ No

Do you receive rental assistance? ___ Yes ___ No

Do you live in a Residential Health Care Facility? ___ Yes ___ No

Is anyone in your household receiving TANF? ___ Yes ___ No

Is anyone in your household receiving Food Stamps ? ___ Yes ___ No

Primary Heating Fuel Type 13

J. ___ Oil K. ___ Electricity N. ___ Natural Gas P. ___ Coal
 L. ___ Propane M. ___ Kerosene R. ___ Wood

Heating Fuel Supplier: _____ 14

Natural Gas Account # : _____ 15

Name of the Company: _____ 16

Electric Account #: _____ 17

Name of the Company: _____ 18

Name and Address of Authorized Representative 19

Last First MI

Street/Ave

City State Zip Code

Tel. Number: - -

What is the main language spoken in your house? 20

| Income Source | *Pay Cycle | Income | Household Member (s) Receiving Income 21 |
|----------------------|------------|--------|--|
| Wages | | \$ | |
| Unemployment | | \$ | |
| Worker's Comp. | | \$ | |
| SSA Benefits | | \$ | |
| SSI Benefits | | \$ | |
| Pension | | \$ | |
| Veteran's Benefits | | \$ | |
| TANF | | \$ | |
| Alimony | | \$ | |
| Child Support | | \$ | |
| Interests | | \$ | |
| Family Contributions | | \$ | |
| Gifts | | \$ | |

*Pay Cycle: Weekly, Bi-Weekly, Monthly

Weatherization 22

Have you received weatherization in the past? Yes No

If yes: Month Year

FOR OFFICE USE ONLY

AGENCY NAME
INTERVIEWER

CERTIFICATION

Approved - WAP Income Eligible
Approved Multi-Dwelling Unit Non Income Eligible
Not Approved

Type of Housing

Single Family Multi-dwelling unit Mobile home/trailer

Date Home Audit was Conducted:

Date Application was received:

Adjusted Application Date:

Actual Cost: \$

Pro-rated Cost: \$

Landlord Contribution Yes \$ DOE Yes \$

Utility Funds Yes \$ DHS Yes \$

Other Yes \$

Comments

By Weatherization Manager Date

Total Family Gross Monthly Income: \$

Annual Family Gross Income: \$

APPLICANT CERTIFICATION 23

I certify that information given in this application is true, complete and correct to the best of my knowledge and ability. I further hereby declare that I am aware of eligibility requirements for the Home Energy Assistance, USF and Weatherization programs. I understand that I must furnish verification or proof of income. I also give my consent to verify my income Weatherization programs. I understand that I must furnish verification or proof of income . I also give my consent to verify my income from any of the sources. If I am applying for weatherization assistance, I am aware that it is my obligation to notify this agency immediately by mail or in person of any changes in my income, address or circumstances. I understand that I may be required to have my home inspected by authorized agency personnel for the purpose of estimating and performing the weatherization work or field review for the Home Energy Assistance Program (HEAP). I understand that I may request a fair hearing if I am not satisfied with any action taken in this application. I understand that all payments made through the HEAP must be used towards the purchase of heating/cooling energy. I am aware that I may be penalized by fine and/or imprisonment for making false statements on this application. I understand information concerning my eligibility for HEAP may be shared with my fuel supplier as a condition for continuation of service under the Winter Termination Program. I grant permission to the (administering agency) or its designee to inspect heating fuel and utility billing records for _____, for not more than five years before and subsequent to

Address

the performance of the weatherization work for the sole purpose of obtaining data required for evaluation of energy conserving effectiveness of the work done. This information may also be used to determine eligibility for the Universal Service Fund and other government related programs for which I may be eligible. I direct the appropriate utility and fuel companies to make such records available to (the administering agency) or its designee.

I hereby certify that I have read and understand the application and certification above.

Signature of Applicant or Authorized Representative

Date

***Race 24**

- ☐ White/Caucasian
- ☐ Black or African American
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ American Indian or Alaskan Native and Asian
- ☐ American Indian or Alaskan Native and Black or African American
- ☐ American Indian or Alaskan Native and Hawaiian or Other Pacific Islander
- ☐ American Indian or Alaskan Native and White
- ☐ Asian and Black or African American
- ☐ Asian and Native Hawaiian or Other Pacific Islander
- ☐ Asian and White
- ☐ Black or African American and Native Hawaiian or Other Pacific Islander
- ☐ Black or African American and White
- ☐ Hispanic-Latino
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White and Native Hawaiian or Other Pacific Islander

* This is voluntary information. It is compiled and recorded for statistical purposes only. The HEAP/USF and Weatherization programs can not discriminate for reason of race or ethnic background, religion, gender, sexual orientation or political affiliation.